

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden hours per response...... 16.00



Name of Offering(check if this is an amendment and name has changed, and indicate change.) Sale of Series LLC membership interest	06049853
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) New Century Mortgage Ventures, LLC	·
Address of Executive Offices (Number and Street, City, State, Zip Code) 18400 Von Karman Avenue, Suite 1000, Irvine, CA, 92612	Telephone Number (Including Area Code) (949) 440-7030
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephond Photo (nerveips Area Code)
Brief Description of Business Originating, purchasing, selling and servicing residential mortgages	E THOMSON
	rivancial elease specify): ed liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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		A. BASIC IDE	NTHECATION DATA			
2. Enter the information r	equested for the f	ollowing:				
•		suct has been organized w	•			
 Each beneficial own 	ner having the pow	er to vote or dispose, or dire	et the vote or disposition of	f, 10% or more of a	a class	of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and of o	corporate general and man	aging partners of	partne	rship issuers; and
 Each general and t 	managing partner	of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, it Cloyd, Kevin	individual)					
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 926	512	,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Dodge, Patti M.	if individual)		<u> </u>			· · · · · · · · · · · · · · · · · · ·
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 920	512	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Dwyer, Kevin J.	if individual)			******		
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 926	512	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Garday, Louis	if individual)					
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 926	512	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Garrett, Karen	if individual)	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 920	612	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Jewett, Jennifer	if individual)					
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 920	612	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Morrice, Brad A.	if individual)					
Business or Residence Addr c/o New Century Mortga				Irvine, CA, 920	612	

		A. BASIC IDE	NEFICATION DATA		C	
Enter the information req						
		uer has been organized wi				
						of equity securities of the issue
			orporate general and mana	aging partners of p	oartner	ship issuers; and
 Each general and ma 	anaging partner	of partnership issuers.				
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
ıll Name (Last name first, if ii Iostafavipour, Arash	ndividual)					
usiness or Residence Addres to New Century Mortgage	s (Number and S e Ventures, LL	Street, City, State, Zip Co C, 18400 Von Karman	de) 1 Avenue, Suite 1000, I	Irvine, CA, 926	12	
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
ull Name (Last name first, if	individual)					
usiness or Residence Addres o New Century Mortgage	ss (Number and See Ventures, LL	Street, City, State, Zip Co .C, 18400 Von Karman	de) 1 Avenue, Suite 1000,	Irvine, CA, 926	12	
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
ull Name (Last name first, if heologides, Stergios	individual)	·		· · · · · · · · · · · · · · · · · · ·		
usiness or Residence Addres /o New Century Mortgag	ss (Number and t	Street, City, State, Zip Co .C, 18400 Von Karmar	de) n Avenue, Suite 1000,	Irvine, CA, 926	512	·
Theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director		General and/or Managing Partner
ull Name (Last name first, if 'hreadgill, Jonathan	findividual)					
dusiness or Residence Address o New Century Mortgag	ss (Number and e Ventures, LI	Street, City, State, Zip Co C, 18400 Von Karmat	ode) n Avenue, Suite 1000,	Irvine, CA, 920	512	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
full Name (Last name first, if Fortorelli, Joseph	findividual)				•	
Business or Residence Addre /o New Century Mortgag	ss (Number and e Ventures, LI	Street, City, State, Zip Co C, 18400 Von Karma	ode) n Avenue, Suite 1000,	Irvine, CA, 92	612	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
full Name (Last name first, it Valencia, Manuel	findividual)					
Business or Residence Addre /o New Century Mortgag	ss (Number and se Ventures, LI	Street, City, State, Zip Co .C, 18400 Von Karma	ode) n Avenue, Suite 1000,	Irvine, CA, 92	612	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	findividual)				···········	
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			

的基础的				B. II	IFORMAT	ION ABOU	A OFFER	NG 📲	- 44			
		<u> </u>									Yes	No
l. Has th	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							***********		\boxtimes		
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										**********	\$ n/a Yes	No
3. Does the offering permit joint ownership of a single unit?											-	No
3. Does 4. Enter	the offering p	ermit joint tion reduest	ownersnip ed for eacl	oiasingle iberson w	unit? ho has beer	or will be	paid or give	ven, directl	v or indirec	tlv. anv	. Ш	
comm	nission or sim	ular remune	ration for s	olicitation	of purchaser	rs in connec	tion with <mark>s</mark> a	les of secur	ities in the c	offering.		
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
a brok	cer or dealer,	you may se	t forth the i	nformation	for that bro	ker or deale	r only.					
Full Name	(Last name i	first, if indiv	idual)									
Business o	r Residence	Address (Nu	imber and S	Street, City	State, Zip (Code)	_					
Name of A	ssociated Br	oker or Deal	ler					<u> </u>	·	···		
Stores in II	Vhich Person	Listed Mood	Solicited or	r Intends to	Solicit Pure	hacare						
	vnich Person heck "All Stat						_				[7] 4	All States
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MT	NE	₹V	NH	נא	NM	NY	NC	ND	ОН	рκ	OR	PA
RI SC 5D TN TX UT VT VA WA WV WI									WY	PR		
Full Name	(Last name i	first, if indiv	ridual)									
Business o	r Residence	Address (Nu	imber and S	Street, City	State, Zip	Code)						
Name of A	ssociated Br	oker or Deal	ler									
States in W	Vhich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	. ,					
(Cl	neck "All Star	tes" or check	k individual	States)							🗆 A	All States
(AL)	AK	NZ	AR]	CA}	CO	[T]	DE	DC	FL	GA]	[HI]	[ID]
	[N]		KS	KY	[LA]	ME	MD	MA	MI	MN	MS	МО
MT	NE		NH.	נא	NM	NY	NC	ND	ОН	 pκ	=	[PA]
		5D	<u></u>							M .	OR	
RI	SC	ρ_D	אד	TX	ਪਾ	VT	VA	WA	wv	WI	WY	PR
Full Name	(Last name f	irst, if indiv	idual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers									······································			
(Check "All States" or check individual States)									All States			
AL AK NZ AR CA CO CT DE DC FL GA									н	(D)		
IL	IN	IA	KS	KY	ŁA	ME	MD	MA	MI	MN	MS	МО
MT Ri	NE	٧v]	NH	NJ	ИМ	NY	NC	ND	OH	рκ	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	W	wı	WY	PR

(Use blank sheet	or copy and use additional copies of this sheet, as necessary.)	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged. Type of Security	Aggregate Offering Price		Amo	ount Already Sold
	Type of Security	•	_		
	Debt				
	Equity\$		\$		
	Common Preferred				
	Convertible Securities (including warrants)		\$.		
	Partnership Interests		\$		
	Other (Specify LLC membership interest)\$	67,724	\$		67,724
	Total\$	67,724	\$		67,724
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Do	Aggregate llar Amount Purchases
	Accredited Investors	2	:	s	67,724
	Non-accredited Investors			s	· · · · · · · · · · · · · · · · · · ·
	Total (for filings under Rule 504 only)			\$_	67,724
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	and the state of t	;			
	Type of Offering	Type of Security		Do	ollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			s _	
	Total	0		s	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees] 5	S	
	Printing and Engraving Costs] 9	S	
	Legal Fœs				3,000
	Accounting Fees		_		
	Engineering Fees		_		
	Sales Commissions (specify finders' fees separately)		_		
	Other Expenses (identify)				
	Total		•		3,000
	Total			⁻ —	-,

	C. OFFERING TRICE, N	UMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
	and total expenses furnished in response to Part C proceeds to the issuer.*		1 gross	\$64,724
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to P	r any purpose is not known, furnish an estima tal of the payments listed must equal the adjuste	ate and	
			Payments to	
			Officers, Directors, &	Payments to
			Affiliates	Others
	Salaries and fees		🔲 s	c
	Purchase of real estate			
	Purchase, rental or leasing and installation of	machinery		
	and equipment			
	Construction or leasing of plant buildings and	facilities	🗀 s	_ 🗆 s
	Acquisition of other businesses (including the	value of securities involved in this		
	offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	П s	Пs
	Repayment of indebtedness			_
	Working capital			
	Other (specify):			
			🗆 s	🗆 s
	Column Totals			
	Total Payments Listed (column totals added).			64,724
		d. federal signature		
sio	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	by the undersigned duly authorized person. If this furnish to the U.S. Securities and Exchange C	is notice is filed under l Commission, upon writ	Rule 505, the following
lss	uer (Print or Type)	Signature	Date	
Νŧ	ew Century Mortgage Ventures, LLC	1120m	September 36	<u>,</u> 2006
Na	me of Signer (Print or Type)	Tife of Signer (Print or Type)		
Jir	n O'Reilly	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)